

Appendix A: Questionnaire



U.S. Department of Veterans Affairs Veterans Benefits Administration

SURVEY OF VETERANS SATISFACTION with the VA VOCATIONAL REHABILITATION AND COUNSELING PROGRAM

Thank you for your help with this important project. This booklet contains questions about your recent experience with VA's Vocational Rehabilitation and Counseling (VR&C) Program. Please base your answers only on your most recent experience with this program (Chapter 31).

Please read and answer the following question first.

According to their records, VA shows that you are currently participating in VA's **Vocational Rehabilitation and Counseling Program (VR&C)**, OR have participated in the past. Is this true?

- ☐ No (STOP. You do not have to complete the rest of this questionnaire, but please return the questionnaire in the enclosed postage-paid envelope.)
- ☐ Yes (Continue on to next question.)



According to their records, VA shows that you are in the **TRAINING and EDUCATION** phase of your program, OR have recently completed this phase. Is this true?

- ☐ No (STOP. You do not have to complete the rest of this questionnaire, but please return the questionnaire in the enclosed postage-paid envelope.)
- ☐ Yes (Continue to instructions on the next page of the booklet, complete the rest of the questionnaire as soon as possible, and mail it in the enclosed postage-paid envelope.)

Again, we thank you for helping VA provide better service to veterans.

INSTRUCTIONS

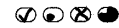
The survey will take about 15 minutes to complete.

Please read each question carefully and respond by filling in the oval of the response that most closely represents your opinion.

Correct Mark



Incorrect Marks



- Use pencil or pen. Make heavy dark marks that fill the ovals completely. If you wish to change an answer, erase cleanly (pencil), or put an "X" over the incorrect response (pen).
- Fill in one answer circle for each question unless it tells you to "*mark all that apply*". (See example below)
- When you are finished, please place the questionnaire in the enclosed postage-paid envelope and put it in the mail.

Example:

35. Were you generally able to get the information you needed on the first call or contact?

- ☒ Yes
☐ No

Please watch for "SKIP" instructions—they tell you when to skip over a group of questions that you do not need to answer.

OMB Control Number 2900-0569 Public Reporting Burden Statement

VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. All responses are voluntary. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any aspects of this collection of information, call 1-(800)-827-1000 for mailing information on where to send your comments.

Please answer the following questions in reference to your current or most recent experience with the VR&C program. Even if you are not currently participating in the program, please answer based on your most recent experience.

Page 1

BACKGROUND INFORMATION ABOUT YOUR VOCATIONAL REHABILITATION AND COUNSELING PROGRAM

1. How long has it been since you developed a vocational plan of services with your counselor?
 - ☐ Less than 6 months
 - ☐ 7 months to 1 year
 - ☐ More than 1 year to 2 years
 - ☐ More than 2 years to 3 years
 - ☐ More than 3 years to 4 years
 - ☐ More than 4 years
 - ☐ Not sure
 - ☐ Never developed a rehabilitation plan (**SKIP** to Q 3)
2. How satisfied are you with the rehabilitation goal you and your counselor selected?
 - ☐ Very satisfied
 - ☐ Somewhat satisfied
 - ☐ Neither satisfied nor dissatisfied
 - ☐ Somewhat dissatisfied
 - ☐ Very dissatisfied
3. Do (Did) you have a vocational rehabilitation specialist or counselor assigned to you during the training or educational phase of your program?
 - ☐ Yes (**GO ON** to Q 4)
 - ☐ No (**SKIP** to Q 8)
 - ☐ Don't know (**SKIP** to Q 8)
4. Who is (was) your primary specialist or counselor assigned during this rehabilitation phase?
 - ☐ A VA staff counselor
 - ☐ A counselor under contract with VA
 - ☐ Don't know
5. Is this the same counselor who prepared your plan of services?
 - ☐ Yes
 - ☐ No
 - ☐ Don't know

KNOWLEDGE AND USE OF VOCATIONAL REHABILITATION SERVICES

6. How completely did your counselor explain all the benefits and services available to you during your rehabilitation program?
 - ☐ Completely
 - ☐ Mostly
 - ☐ Somewhat
 - ☐ Only a little
 - ☐ Not at all
7. Which of the following types of counseling or referrals has your counselor provided?
(Mark all that apply.)
 - ☐ Assistance in enrolling in an educational/training program
 - ☐ Career counseling
 - ☐ Personal counseling
 - ☐ Financial counseling
 - ☐ General support and encouragement
 - ☐ Problem solving techniques
 - ☐ Help finding a job
 - ☐ Referral to medical services
 - ☐ Referral to dental services
 - ☐ Referral to optical (eye) services
 - ☐ Referral to other counseling program
 - ☐ Referral to Veteran Service Organizations (for example the American Legion or DAV)
 - ☐ None
8. Which of the following benefits have you received during your rehabilitation program?
(Mark all that apply.)
 - ☐ Tuition
 - ☐ Subsistence allowance
 - ☐ Books
 - ☐ Supplies
 - ☐ Computer equipment/software
 - ☐ Medical services
 - ☐ Dental services
 - ☐ Optical (eye) services
 - ☐ Tutoring
 - ☐ Loans
 - ☐ None

Please answer the following questions in reference to your current or most recent experience with the VR&C program. Even if you are not currently participating in the program, please answer based on your most recent experience.

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9. Which of the following benefits would you have liked to receive during your rehabilitation program, but did not? (Mark all that apply.)

- ☐ Tuition
- ☐ Subsistence allowance
- ☐ Books
- ☐ Supplies
- ☐ Computer equipment/software
- ☐ Medical services
- ☐ Dental services
- ☐ Optical (eye) services
- ☐ Tutoring
- ☐ Loans
- ☐ None

10. Have you found anything to be difficult about obtaining any of the benefits?

- ☐ Yes (GO ON to Q 11)
- ☐ No (SKIP to Q 12)
- ☐ Don't know (SKIP to Q 12)

11. What specifically do you find to be difficult about obtaining any of these benefits? (Mark all that apply.)

- ☐ Don't know what benefits are available
- ☐ Payments do not arrive when needed
- ☐ Payments are incorrect
- ☐ Counselor not responsive to needs
- ☐ Supplies/services are not available when needed
- ☐ Too much red tape to obtain supplies/services
- ☐ Supplies/services of poor quality
- ☐ Supplies/services inadequate

12. Have you ever had to borrow or pay out-of-pocket expenses in order to ENROLL or stay enrolled in training or education BECAUSE VA DID NOT PROVIDE PAYMENTS ON TIME?

- ☐ Yes
- ☐ No

13. Have you ever had to borrow or pay out-of-pocket expenses in order to obtain needed SUPPLIES or benefits BECAUSE VA DID NOT PROVIDE THEM WHEN NEEDED?

- ☐ Yes
- ☐ No

RELATIONSHIP WITH YOUR COUNSELOR

14. Have you had the same counselor since you developed your vocational rehabilitation plan for services?

- ☐ Yes
- ☐ No
- ☐ Don't know

15. Do you have a clear understanding of the respective responsibilities and obligations of yourself and your counselor?

- ☐ Yes
- ☐ No
- ☐ Don't know

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[illegible]

Please answer the following questions in reference to your current or most recent experience with the VR&C program. Even if you are not currently participating in the program, please answer based on your most recent experience.

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CONTACT WITH YOUR COUNSELOR

27. Do you have scheduled in-person meetings with your counselor?

- ☐ Yes (GO ON to Q 28)
- ☐ No (SKIP to Q 32)

28. Are the number and length of these sessions adequate to meet your counseling needs?

- ☐ Yes
- ☐ No, too little contact with counselor
- ☐ No, too much contact with counselor

29. In general, how much of what you NEEDED TO KNOW did you get from these meetings?

- ☐ All
- ☐ Most
- ☐ Some
- ☐ Little
- ☐ None

30. How convenient is the LOCATION where these meetings are held?

- ☐ Very convenient
- ☐ Somewhat convenient
- ☐ Neither convenient nor inconvenient
- ☐ Somewhat inconvenient
- ☐ Very inconvenient

31. In general, how convenient is the TIME scheduled for these meetings?

- ☐ Very convenient
- ☐ Somewhat convenient
- ☐ Neither convenient nor inconvenient
- ☐ Somewhat inconvenient
- ☐ Very inconvenient

32. Aside from scheduled visits, what is the PRIMARY method you use to contact your counselor? (Mark only one.)

- ☐ Phone, 1-800 number
- ☐ Phone, long-distance number
- ☐ Phone, local number
- ☐ Fax
- ☐ E-mail (computer)
- ☐ Letter
- ☐ Unannounced visit
- ☐ Did not need additional communication (SKIP to Q 37)

33. How responsive was your counselor to your contact through this method?

- ☐ Very responsive
- ☐ Somewhat responsive
- ☐ Neither responsive nor unresponsive
- ☐ Somewhat unresponsive
- ☐ Very unresponsive

34. In general, how much of what you NEEDED TO KNOW did you get from this method of contact?

- ☐ All
- ☐ Most
- ☐ Some
- ☐ Little
- ☐ None

35. Were you generally able to get the information you needed on the first call or contact?

- ☐ Yes
- ☐ No

36. Were you able to access voice mail in order to leave your counselor a message?

- ☐ Yes, counselor returned call
- ☐ Yes, counselor did not return call
- ☐ No, was not able to access voice mail
- ☐ Never tried

37. Does your counselor fully address all your questions, concerns, or complaints?

- ☐ Yes
- ☐ No
- ☐ Did not have any

Please answer the following questions in reference to your current or most recent experience with the VR&C program. Even if you are not currently participating in the program, please answer based on your most recent experience.

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ACCESS TO THE VR&C PROGRAM

38. Looking back to your contacts with the VR&C program thus far, which methods of contact did you **EVER** use? (Mark all that apply.)

- ☐ In-person visit
- ☐ Phone, 1-800 number
- ☐ Phone, long-distance number
- ☐ Phone, local number
- ☐ Fax
- ☐ Internet, e-mail, or website
- ☐ Letter

39. In general, how easy was it for you to obtain information from the VR&C program?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor difficult
- ☐ Somewhat difficult
- ☐ Very difficult

40. Which method of contact with the VR&C program would you prefer if you could get the same degree of service? (Mark only one.)

- ☐ In-person visit
- ☐ Phone, 1-800 number
- ☐ Phone, long-distance number
- ☐ Phone, local number
- ☐ Fax
- ☐ Internet, e-mail, or website
- ☐ Letter

CURRENT STATUS IN THE VR&C PROGRAM

41. How would you best describe your **CURRENT** status with regard to the VA VR&C program? (Mark only one.)

- ☐ VA requested I interrupt program
(GO ON to Q 42)
- ☐ VA requested I withdraw from program
(GO ON to Q 42)
- ☐ I voluntarily interrupted program
(SKIP to Q 43)
- ☐ I voluntarily withdrew from program
(SKIP to Q 43)
- ☐ I am currently pursuing program, still in training/education phase
(SKIP to Q 44, page 6)
- ☐ I am currently pursuing program, completed training/education phase
(SKIP to Q 44, page 6)

42. Did VA tell you the reasons why you were interrupted or withdrawn from the program?

- ☐ Yes
- ☐ No
- ☐ Don't know

43. Why did you interrupt or withdraw from the training or education phase of your plan? (Mark all that apply.)

- ☐ Medical problems
- ☐ Disability
- ☐ Financial difficulties
- ☐ Took a job
- ☐ VA requested that I interrupt or withdraw from program
- ☐ Lost interest
- ☐ Transportation problems
- ☐ Schools/classes were too far away
- ☐ Program/classes were too difficult
- ☐ Moved/planning to move
- ☐ Family responsibilities/difficulties
- ☐ Didn't think the training or education would meet my needs
- ☐ Problems with counselor
- ☐ Too much red tape with VR&C program
- ☐ Could not see training or education leading to future employment
- ☐ Summer/semester break

Please answer the following questions in reference to your current or most recent experience with the VR&C program. Even if you are not currently participating in the program, please answer based on your most recent experience.

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44. Do you plan to complete your rehabilitation program now or at a later date?

- ☐ Yes, now
- ☐ Yes, at a later date
- ☐ No
- ☐ Not sure

OVERALL IMPRESSIONS

45. Do you feel that the VA Vocational Rehabilitation Program has treated you as an individual, not just a case to be managed?

- ☐ Yes, an individual
- ☐ No
- ☐ Don't know

46. Overall, has the REHABILITATION process reflected the courtesy, compassion, and respect you would expect as a veteran of the United States?

- ☐ Yes
- ☐ No

47. Thus far, how well has the program met your EXPECTATIONS?

- ☐ Much better than expected
- ☐ Better than expected
- ☐ Just as expected
- ☐ Worse than expected
- ☐ Much worse than expected
- ☐ Don't know

48. Thus far, how well has the program met your training or educational NEEDS?

- ☐ Much better than expected
- ☐ Better than expected
- ☐ Just as expected
- ☐ Worse than expected
- ☐ Much worse than expected
- ☐ Don't know

49. Have your EDUCATIONAL goals been raised, lowered, or unaffected as a result of your interaction with the VR&C program?

- ☐ Raised
- ☐ Lowered
- ☐ Unaffected
- ☐ Don't know

50. Are your educational goals more realistic as a result of this program?

- ☐ Yes
- ☐ No
- ☐ Don't know

51. Have your CAREER goals been raised, lowered, or unaffected as a result of your interaction with the VR&C program?

- ☐ Raised
- ☐ Lowered
- ☐ Unaffected
- ☐ Don't know

Please answer the following questions in reference to your current or most recent experience with the VR&C program. Even if you are not currently participating in the program, please answer based on your most recent experience.

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52. Are your career goals more realistic as a result of this program?

- ☐ Yes
- ☐ No
- ☐ Don't know

53. Overall, how satisfied are you with the TRAINING OR EDUCATION phase of your plan?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

54. Would you recommend this program to other disabled veterans?

- ☐ Yes
- ☐ No

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Page 8

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Questar
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